

Community mental health tobacco treatment training

Training guide: Module 16

Responding to patient scenarios Part I

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Importance:

- It is important that practitioners know how to use their communication skills effectively to carry out challenging conversations and give supportive advice using a non-judgmental empathetic approach.

Purpose:

- To gain confidence in techniques elicit the client's views and questions on smoking and smoking cessation, answering questions, providing reassurance, and dispelling myths in a non-judgmental, clear, and accurate manner.

Brief description of training module:

This module involves a large group activity, detailed instructions provided on pages that follow.

Process:

- Responding to patient scenarios in two groups

Resources:

- PowerPoint presentation
- Appendix 1: Patient scenarios

Activity: Responding to patient scenarios (virtual)

Resources: Appendix 1: Patient scenarios and breakout rooms
Breakout room numbers and duration: Two rooms, participants divided equally between each; 30 minutes
Duration: 30 minutes
<p>Method:</p> <ul style="list-style-type: none"> Advise participants that the group is now going to split into two breakout rooms for 30 minutes, with one trainer in each room. Inform participants that the trainer will explain the activity once in the breakout room. <p>Breakout room:</p> <ul style="list-style-type: none"> Ask participants to select 'gallery view' via the 'view' icon on the top right hand side of their screen (this will mean everyone in the session can see each other). Participants are going to consider some of the key questions and comments that may be received from patients before their quit or reduction date. Remind participants about the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer. Make it clear that it's OK to get an answer wrong and that we are all here for help should anyone need it. There may also be more than one response to each question, so people may have other ideas they want to chip in with too. Ask each participant to call a number from 1-13. You will ask the corresponding question on the patient scenario list (Appendix 1) and they will then respond as a practitioner. Score the question off once the number has been picked. <p>Look out for:</p> <ul style="list-style-type: none"> Not dealing with ambivalent questions by using communication skills. Not identifying withdrawal symptom questions. Tendency to avoid giving straight answers to knowledge questions. Uncomfortable/threatened inexperienced advisors: allow them to pass the question on to someone who is more experienced or has encountered the question before.

Activity: Responding to patient scenarios (Face-to-face)

Resources: Appendix 1: Patient scenarios
Group numbers and duration: Two groups, participants divided equally between each; 30 minutes
Duration: 30 minutes
<p>Method:</p> <ul style="list-style-type: none"> Advise participants that the group is now going to split into two equally sized groups for 30 minutes, with one trainer leading each group. Inform participants that the trainer will explain the activity once in the groups. <p>Once in the group:</p> <ul style="list-style-type: none"> Ask the group to form a circle; if the room is small, see if there is a break-out area you can use to avoid issues of hearing the other group. Explain that participants are going to consider some of the key questions and comments received from patients before their quit/reduction date and distribute the patient scenarios (Appendix 1) among the group. Participants will take turns at playing the patient and tobacco treatment advisor. The participant opposite the 'patient' will answer the question – rotate the roles around the circle. Remind participants about the core communication skills but to also be aware that some questions are of a technical nature. In other words, they require a straight answer. Make it clear that it's OK to get an answer wrong and that we are all here for help should anyone need it. There may also be more than one response to each question, so people may have other ideas they want to chip in with too. <p>Look out for:</p> <ul style="list-style-type: none"> Not dealing with ambivalent questions by using communication skills. Not identifying withdrawal symptom questions. Tendency to avoid giving straight answers to knowledge questions. Uncomfortable/threatened inexperienced advisors: allow them to pass the question on to someone who is more experienced or has encountered the question before.

Patient scenarios and trainer response guide

[Appendix 1]

1. **“Given my struggles in getting the right medication to manage my [SMI], will using these medications have any negative effects?”**

Suggested response

- What medication do you use?
- Do you have regular monitoring (blood tests) to check the level of your medication is OK?
- Can you give me your doctor or care co-ordinator’s contact details so I can let them know you are planning to stop?
- Stopping smoking can cause decreased metabolism of certain psychiatric drugs. This means that the drugs will stay in your body longer so, if you quit successfully, you may be able to have lower doses of your medications which could mean a lessening of side effects.
- “There might need to be an adjustment in your medications but, if there is, it will undoubtedly be a reduction which is a good thing. Mental health teams have lots of experience of this and you won’t have to do this on your own. And by the way, all of your care team will be delighted that you are considering quitting smoking”.

2. **“My doctors referred me but, frankly, I really feel like smoking is the least of my worries”.**

Suggested response:

- Can you tell me what are the things that are worrying you at the moment?
- It’s perfectly normal to worry about quitting, what are you worried might happen when you quit smoking?
- There are good and bad times to embark on a quit attempt, how do you feel about quitting at the current time?
- The time to stop will always be your decision, but clearly your doctor is concerned about your smoking.

3. **It’s all I’ve got to be honest, why would I stop smoking?**

Suggested response:

- "A lot of smokers say something similar. The tendency when considering quitting is to concentrate on what you might be losing when you stop smoking. It is easy to forget what smoking takes from you: your money, your mental and physical health and quite literally years from your life.

People who are facing challenges in life generally find that smoking-related illness makes things many times worse. Stopping smoking will result in you being healthier, wealthier and happier.

Many people like you have made the switch to vaping and quit smoking. It can be difficult at first but there is support and medication that will make it easier and I can help you access these."

4. "I'm really worried about changes to my mental health if I quit smoking. What should I expect?"

Suggested response:

- Have you ever tried to quit before? What happened when you did?
- People often feel a little bit more irritable and or depressed after quitting, this is normal and will only last for a few weeks. What could you do if this happened to you?
- "There will be a period of adjustment but that's why I'm here, to support you throughout that time with the help of stop smoking medications. People who quit smoking suffer less from stress and depression than smokers and actually report being happier".

5. [Individual with schizophrenia] "I find smoking really helps me when I'm having a bad day, I'm not sure what I am going to do if I can't smoke?"

Suggested response:

- Acknowledge that it's not uncommon for patients with schizophrenia to find that smoking helps with managing some of the negative symptoms (e.g. improved sensory processing, ability to concentrate) but clarify that the smoking is doing real harm and that there are better ways other than smoking to address negative symptoms. Assist the patient by speaking to a member of their care team that can look at medication adjustment and/or mental health support.

6. **“Last time I quit smoking I had a lot of negative side effects, I was jittery all the time, couldn’t concentrate and I’m not sure if there’s anything I can do to make it easier this time.”**

Suggested response:

- Normalise withdrawal and discuss what they can expect, how long symptoms last and the importance of having a plan to help with managing withdrawal and cravings, including sufficient, regular and proper use of stop smoking medications or vapes.
- Ask if the patient drinks a lot of coffee or other caffeinated drinks. Feeling jittering is not a withdrawal symptom but can be related to caffeine intake. Caffeine consumption should be reduced after stopping smoking. Discuss caffeine intake and the importance of reducing to ensure they are not over caffeinating. Reduction may need to be up to half for heavy coffee drinkers.

7. **“I’ve never gone more than a day without a cigarette before. What’s it going to feel like?”**

Suggested response:

- People experience stopping smoking in different ways, however most will find that they experience cravings and some tobacco withdrawal symptoms, for example irritability, low mood or poor concentration.
- Tobacco withdrawal is temporary and will pass (as long as you don’t smoke), it’s not dangerous and using a stop smoking medication will help.
- Day one is often the hardest day so don’t minimise what you’ve done so far.
- Share how other patients have benefited from quitting and the benefits they feel after this short period of withdrawal.

8. **“I’ve tried to stop many times and never managed more than a few days.”**

Suggested response:

- Many smokers take a number of quit attempts before they quit for good and each previous attempt can be used to help with this one.
- The first few days is often the hardest and so don’t minimise what you’ve done so far.
- Explain they are much more likely to stop with support and medication.

- What's the longest you managed? How did you do it?
- What did you find helped you? What did you find difficult?

9. "I'm worried how I'll cope with stress when I stop smoking."

Suggested response:

- Normalise that this is a common concern.
- Can I give you some information on how nicotine works (to dispel the myth that nicotine can help alleviate stress)?
- Using a stop smoking medication (enough for long enough) will help with cravings and tobacco withdrawal.
- What do you usually find calming? Provide some examples that may help, e.g. deep breathing, walking, talk to someone.

10. "I've been smoking for so long that you can't expect me to stop just like that, shouldn't I cut down first?"

Suggested response:

- Empathise that for this patient smoking has been a part of their life for a long time and quitting feels like a big step.
- What worries you about quitting completely?
- Have you tried cutting down in the past? What happened?
- Explain the rationale for abrupt cessation and that research and clinical experience shows that the best way of stopping is to do it abruptly.
- "The last few cigarettes can become really important to you and very difficult to give up. Also, because you are used to a certain dose of nicotine you will end up smoking the fewer cigarettes more efficiently to make sure that you get the same amount of nicotine from them as when you were smoking more cigarettes. This also means that you will get similar amounts of tar and carbon monoxide and so the health benefits aren't really there."
- Provide reassurance about using a stop smoking medication (combination NRT) and use of nicotine containing vape to manage tobacco withdrawal.
- "If you do not feel ready to quit in one go, a structured reduce to quit approach, where we start by cutting back and work our way towards quitting, is a great option and I can support you along the way."

11. “Is there anything I can do to prepare for quitting?”

Suggested response:

- The most important thing is to make sure you have your NRT (bring it with you to your next appointment) or experiment with a (nicotine-containing) vape to substitute some cigarettes.
- Tell family, friends and colleagues who will support you.
- Have an arrangement with smoking contacts, reduce exposure to smoking and cigarettes.
- After your last cigarette throw away any remaining cigarettes, ashtrays, lighters, etc.
- Consider which cigarettes you think you will miss the most and plan distractions and changes to your routine to break associations.

12. “I’ll do my best but I can’t promise not to smoke.”

Suggested response:

- The main thing here is not to break rapport by ‘forcing’ someone to promise not to smoke.
- You could ask if they have any worries about quitting or any particular times they think may be difficult.

13. “How many people actually manage to stop smoking?”

Suggested response:

- Thousands!
- More than half of those who get support and use a stop smoking medication are quit at 4 weeks (*maybe your service is more*)!

Activity

Presentation notes

The slides contain references in the notes section for key data presented so that you may provide this information to any learners who request it.

SLIDE 1

[Trainer guide Day 1, Activity 7: responding to patient scenarios, page 27]

[Trainer guide: Appendix 1, page 29]

SLIDE 2

Invite any questions.